

CENTRAL ARKANSAS VETERANS HEALTHCARE SYSTEM

POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY



Recruitment For:

- One Postdoctoral Clinical Neuropsychology Fellow

2023—2025

Accreditation Status and Contact Information

The 2-year Neuropsychology Postdoctoral Fellowship was re-established at CAVHS in 2020. We are currently working towards accreditation and an initial site visit is scheduled for October 2022. Our program is currently a participating member in the *Association for Postdoctoral Programs in Clinical Neuropsychology*.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

All other questions about the program should be directed to:

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List of Abbreviations

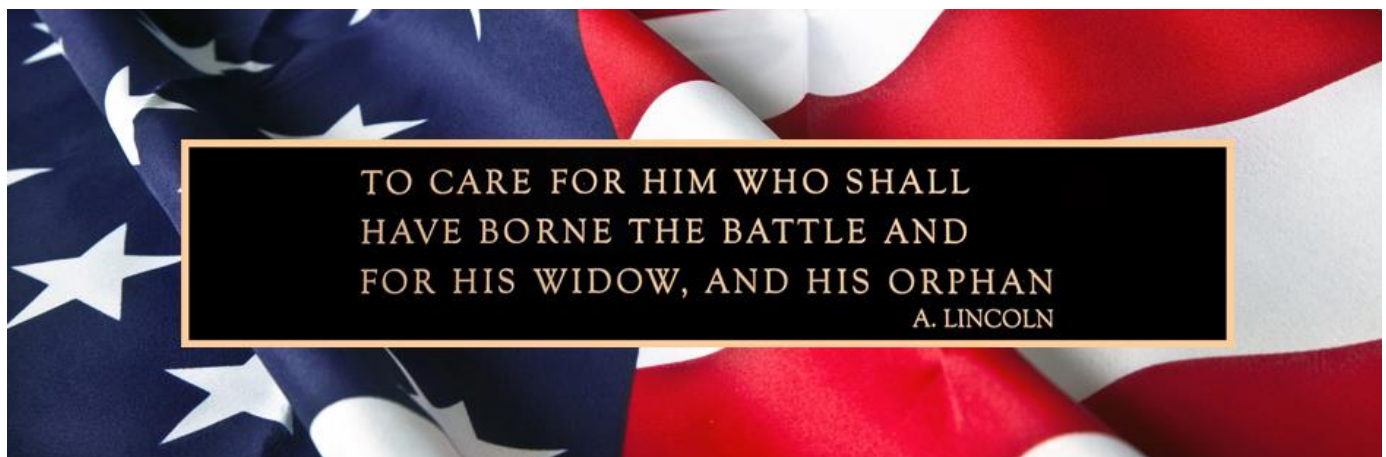
ABPP	American Board of Professional Psychology
ADHD	Attention-Deficit Hyperactivity Disorder
APA	American Psychological Association
CARF	Commission on Accreditation of Rehabilitation Facilities
CAVHS	Central Arkansas Veterans Healthcare System
CBOC	Community-Based Outpatient Clinic
CDP	Clinical Demonstration Project
CVA	Cerebral Vascular Accident (stroke)
EEO	Equal Employment Opportunity
GRECC	Geriatric Research, Education, and Clinical Center
INS	International Neuropsychological Society
IRB	Institutional Review Board for Human Subjects
MDD	Major Depressive Disorder
MDCC	Memory Disorders Consultation Clinic
MHC	Mental Health Clinic
MHS	CAVHS Mental Health Service
MIRECC	Mental Illness Research, Education, and Clinical Center
NMS	National Matching Services
PM&RS	Physical Medicine & Rehabilitation Service
PTSD	Post-Traumatic Stress Disorder
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
UAMS	University of Arkansas for Medical Sciences
VA	Veterans Affairs

Program AIMS

The Central Arkansas Veterans Healthcare System (CAVHS) 2-year Clinical Neuropsychology Fellowship focuses on supervised clinical training designed to meet eligibility requirements for the American Board of Professional Psychology (ABPP) Diploma in Clinical Neuropsychology through the American Board of Clinical Neuropsychology. Emphasis is placed on Fellows learning a variety of neuropsychological assessment, inpatient rehabilitation assessment and interventions, outpatient interventions, and clinical research techniques within a multidisciplinary medical center, with further emphasis on individualized training plans that meets the Fellow's specific training goals.

Following successful completion of the Fellowship, Fellows will be well suited to pursue employment in a Veteran Affairs or academic medical settings.

One position is available for the FY2023-2025 training years.



VETERANS HEALTHCARE

Mission

To honor America's veterans by providing exceptional health care that improves their health and well-being.

Vision

Veteran's Healthcare Administration will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research, and service in national emergencies.

Core Values

<i>Integrity</i>	Acting with high moral principle.
<i>Commitment</i>	Working diligently to serve veterans and other beneficiaries.
<i>Advocacy</i>	Be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries.
<i>Respect</i>	Treating all those you serve and with whom you work with dignity and respect.
<i>Excellence</i>	Striving for the highest quality and continuous improvement.



DIVERSITY MISSION STATEMENT

The Psychology Training Programs at CAVHS value diversity and believe that a range of backgrounds brings a variety of ideas, perspectives, and experiences that will create a productive work environment in which talents are fully utilized and VA objectives are met. Organizational policies and procedures are designed to promote equal opportunity and provide protection for all staff. CAVHS aspires to combat prejudice, stereotyping, and harassment and is committed to the continued development of the personal and professional skills of its employees, who are treated in a fair and unbiased way and given every encouragement to realize their potential. We aim to ensure that the services we provide to clients and candidates do not discriminate against race, heritage, gender, religious or non-religious beliefs, nationality, family background, age, disability, or sexuality. Fellow applicants from diverse groups who are underrepresented in neuropsychology are highly encouraged to apply.

[Watch this excellent video to learn more about our commitment to diversity.](#)

Our Fellowship is proud of the strong diversity programs that exist within our training programs and our facility. Aspects of diversity are interwoven both formally and informally throughout the clinical, didactic, experiential, professional development, and other aspects of our training. Within the recovery framework that is foundational to our fellowship's training, understanding and appreciation for each individual are paramount. This necessitates a willingness to engage in reflective practice not only in training, but throughout one's professional career. At CAVHS, we aim to purposefully encourage and model this as much as possible, recognizing our own limitations and continual need for professional growth.

CAVHS's commitment to welcoming, inclusive practices is stable, strong, and not limited to one or two dimensions of diversity. We are proud to have earned a perfect score and "Leader Status" for the last three consecutive years on the Healthcare Equality Index. We are grateful that our facility leaders support diversity initiatives of the Mental Health Service and its training programs; and very often, our leaders have a visible presence at these alongside us. With humility and willingness to keep growing, we invite you to bring your own diversity to our conversation.

FACILITIES, POPULATIONS SERVED, & SERVICE PROVISION

CAVHS is a large and comprehensive medical complex located in the North Little Rock and Little Rock metropolitan area of over 725,000 people and draws from a primary service area of 275,000 veterans whose ages and demographics are wide ranging. CAVHS providers also serve Active Duty and National Guard personnel from nearby Little Rock Air Force Base and Camp Robinson as well as family members.

Accredited by both the Joint Commission of Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities during the most recent accreditation reviews, CAVHS is a Category 1A flagship healthcare center and one of the largest and busiest VA medical centers in the country. Its two consolidated campuses, located in Little Rock and North Little Rock, anchor a broad spectrum of inpatient and outpatient healthcare services, ranging from disease prevention to primary care, complex surgical procedures and extended rehabilitative care. Comprehensive healthcare is provided through primary, tertiary, and long-term care in areas of medicine, surgery, mental health, physical medicine and rehabilitation, neurology, dentistry, ophthalmology, geriatrics and extended care, women's health, and others. Across its two main campuses, CAVHS has 280 hospital beds as well as a 119-bed Residential Rehabilitation Treatment Unit that provides long-term rehabilitative care and a 152-bed Community Living Center (formerly Nursing Home Care Unit). CAVHS also reaches out to Veterans across Central Arkansas through its eight Community-Based Outpatient Clinics (CBOCs) in the cities of Conway, El Dorado, Hot Springs, Mena, Mountain Home, Pine Bluff, Russellville, and Searcy. When care in one of the two main hospitals or eight outpatient clinics is either not possible or medically recommended, the Home Based Primary Care program provides primary health care to eligible veterans in their homes. A Day Treatment Center and Vet Center are also located in the Little Rock Metro Area. Finally, CAVHS offers an active telemedicine program, which provides remote services using advanced telemedicine technology directly from the North Little Rock campus to the area CBOCs. Fellows complete training primarily in the North Little Rock Campus.

North Little Rock Campus

Eugene J. Towbin Healthcare Center
116/NLR
2200 Fort Roots Drive
North Little Rock, AR 72114
Phone: (501) 257-1000

Situated atop scenic bluffs overlooking the Arkansas River and the Little Rock Metropolitan skyline, our North Little Rock campus occupies the late-19th century Fort Roots military installation that had been originally commissioned for the US Army Cavalry prior to World War I and is now a functioning hospital complex and National Historic Site. Located on the North Little Rock campus, the Eugene J. Towbin Healthcare Center is a large four-story building, which was constructed in 1983. It houses each of this division's outpatient programs, residential rehabilitation programs, and inpatient beds. This building also contains a cafeteria, canteen store, medical library, bowling alley, barber shop, and indoor walking trail. The grounds of the North Little Rock campus are large and contain two small fishing lakes, an employee fitness center (available to Fellows on a 24-hour basis), a fitness trail, a softball field, a newly constructed State Veterans Home, and numerous historic buildings operating as administrative offices for the VA. Also co-located on the North Little Rock Campus are the VISN 16 Mental Illness Research, Education, and Clinical Center (MIRECC), GRECC, and the VA's Federal Law Enforcement Training Center, which trains the entire Federal VA police force.





The North Little Rock campus contains the medical center's Primary Care Clinics, Outpatient Mental Health Clinic, Outpatient and Residential Substance Use Treatment Clinics, Outpatient and Residential PTSD Clinics, Intermediate Medicine, Neuropsychology, Vocational Rehabilitation, Inpatient Psychiatry, Domiciliary, Community Living Center, Physical Medicine and Rehabilitation Service, and the Psychosocial Rehabilitation and Recovery Center. The North Little Rock division also serves as the primary setting for most clinical rotations and experiences offered in the Neuropsychology Fellowship program.



*A view from the Bluffs of the North Little Rock Campus (Fort Roots)

Little Rock Campus

John L. McClellan Memorial
Veterans Hospital
4300 W. 7th Street
Little Rock, AR 72205-5484
Phone: (501) 257-1000



Approximately eight miles and just a 15-minute drive away from the North Little Rock division and conveniently situated in the heart of Midtown Little Rock, the John L. McClellan Memorial Veterans Hospital is our Little Rock campus. It is adjacent to, and physically connected to, the University of Arkansas for Medical Sciences (UAMS). This medical center houses multiple inpatient wards including acute medicine, oncology, cardiology, surgery, neurology, neurosurgery, and intensive care units. It also serves hemodialysis patients and houses many medical and surgical outpatient clinics, a women's clinic, and an active emergency room. A cafeteria, canteen store, and medical library are also available at this campus.



HISTORY OF TRAINING

Throughout its rich history, CAVHS has been widely recognized, first and foremost, for a tradition of quality and caring for Arkansas Veterans as well as for excellence in education, research, and emergency preparedness. To that end, CAVHS serves as a teaching facility for more than 1,500 students and Fellows enrolled in more than 65 educational programs; its principal affiliate is University of Arkansas for Medical Sciences (UAMS).

The history of CAVHS includes training for the field of psychology since the 1950s, including its APA accredited (since 1979) Psychology Internship Program, 1-year APA accredited (since 2013) Clinical Psychology and Interdisciplinary Postdoctoral Fellowship Program in PTSD or Psychosocial-Recovery for Seriously Mentally Ill (eligible to clinical or counseling psychologists, clinical social work, and/or occupational therapists), and a 2-year Neuropsychology Postdoctoral Fellowship Program.

PROGRAM TRAINING PHILOSOPHY & GOALS

Our Neuropsychology Postdoctoral Fellowship program training philosophy is consistent with the International Neuropsychological Society, American Psychological Association Division 40 (Neuropsychology), and Houston Conference specialty guidelines for training in Clinical Neuropsychology. The Fellowship program follows scientist-practitioner training model.

The educational goals for this training program include:

Professionalism

Fellows will develop a greater understanding regarding various professional and ethical issues faced in the field of Neuropsychology.

Individual and Cultural Diversity

Fellows will develop a greater appreciation of themselves from a cultural standpoint, how others are shaped by diversity, and the impact of this on the neuropsychological evaluation from both an administration and interpretation standpoint.



Self-Assessment/Self-Care

Fellows are expected to engage in self-reflection and evaluation to gain an appreciation of their current strengths and relative weaknesses as well as develop a plan to foster development of weaknesses into strengths. They will also gain knowledge about the importance of self-care.

Ethical Standards

Fellows will develop a deeper appreciation for the common ethical situations that can occur in neuropsychology as well as how to handle these types of situations appropriately.

Research

Fellows will become a more refined consumer of research to inform assessment, disposition, and possible treatment planning recommendations. They will also gain greater confidence and knowledge in producing original research themselves with support of research mentors to assist them through the process of developing an idea, collecting data, statistically analyzing datasets, to eventual presentation at a professional scientific meeting or publication.

Neuropsychological Assessment

Fellows will gain advanced skill in conducting a neuropsychological evaluation that answers the referring provider's request and takes into account relevant multicultural and psychosocial issues. They will also develop extensive knowledge of brain-behavior relationships in regard to a variety of neurological, medical and psychiatric conditions that contribute to cognitive deficits that can cause functional impairment while possessing advanced knowledge of neuroanatomy and functions related to structures therein.

Neuropsychological Intervention

Fellows will learn to provide Veteran-centered neuropsychological evaluations within a therapeutic framework, where the feedback session serves as a powerful standalone intervention. Fellows will also learn to develop appropriate recommendations for providers and Veterans based on clinical findings.

Neuropsychological Consultation

Fellows will learn how to develop working relationships with various medical providers/referral sources as well as how to effectively communicate test results into clinically meaningful solutions.

Interdisciplinary Systems

Fellows will increase their knowledge of other professions within a healthcare setting that can contribute to the overall health of an individual. During their training, Fellows will be functioning in a multidisciplinary context and gain valuable experience working closely with other professionals.

Supervision / Teaching

Fellows will have opportunity to learn effective supervision methodologies as well as teach our predoctoral psychology Interns and Practicum Students from our academic partners.

TRAINING PLAN

Our program offers comprehensive training via the Clinical Neuropsychology Fellowship.

At present, the CAVHS Neuropsychology Section is permanently staffed with 4 neuropsychologists (3 ABPP Board Certified Clinical Neuropsychologists), 2 psychometrists, and 1 administrative assistant. Postdocs, predoctoral Interns, and Practicum students also train in Neuropsychology Clinic. Referrals are received from Neurology, Neurosurgery, Memory Disorder's Clinic, Inpatient and Outpatient Geriatrics, Primary Care, MHS, and nearby Active Duty military bases. In that end, Fellows gain experience working with a myriad of heterogenous neurological and psychiatric Active Duty and Veteran outpatient and inpatient populations.

Additional training also occurs within the GRECC. GRECCs are centers of excellence that address the healthcare needs of older Veterans through research, education, and training of healthcare professionals and students. The Little Rock GRECC conducts research directly relevant to aging Veterans with focus areas that include: (a) The biological outcomes of normal aging and disease as manifest in skeletal muscle, the central nervous system and cardiovascular system; (b) Exercise, nutrition and rehabilitation; (c) Treatment of mental health and behavior problems in dementia; and (d) Research focusing on the prevention of dementia.

Clinical Training

While a high standard of patient care is expected, the workload distribution emphasizes training in neuropsychology at the postdoctoral level. In that end, Fellows can expect that $\geq 60\%$ of their time is spent training in clinical neuropsychology in terms of provision of direct clinical care, participation in neuropsychology relevant didactics, and supervision by faculty. There are no work-load targets in terms of *work relative value units*, but it is expected that as Fellows progress through the program, they become more efficient in service delivery. The number of typical patient encounters week-to-week depends on setting (e.g., elective rotations).

The emphases of clinical training opportunities include:

- Very Strong: Outpatient neuropsychological assessment, neuropsychological consultation
- Strong: Research, cognitive rehabilitation, rehabilitation psychology, geriatric psychology
- Less Strong: Forensics, psychotherapy

Availability of Patient Populations:

- Very Strong: Geriatrics, medically complex patients, dementia, CVA, military TBI, psychiatric conditions (incl. PTSD, MDD, SUDs, chronic pain, ADHD), racial/ethnic minorities
- Strong: Movement disorders, neurosurgical candidates
- Less Strong: Moderate-to-severe TBI, neoplasm, viral/bacterial, multiple sclerosis, epilepsy, hydrocephalus, allograft transplantation, autism spectrum
- None: Pediatrics

Fellows spend 2.5 days/week training in adult and geriatric neuropsychology in the Neuropsychology Service. Fellows will spend another 1.5 days/week participating in an elective rotational experience. Fellows define goals and interests with their supervisor, which in turn directs their individualized focused training experiences to foster further growth in defined areas of weakness. Electives are 6 months in duration and can be repeated. See Appendix A for a description of elective offerings.

Scholarly Activity

Fellows are required to complete an individual research project during their 2-year training experience. Fellows are assigned a research mentor at the start of their first year and will have access to a multitude of databases. The research mentor will assist the Fellow in all aspects of the research endeavor, to include formulating a research question(s), IRB paperwork, data query and analysis, and write up. Minimally, the research requirement can be met by presenting a research poster at a professional scientific meeting or single publication. If the Fellow elects to have one or more 6-month *Research* minor rotational experience(s), then the Fellow's expectations for scholarly productivity would be adjusted and increased to reflect 1 presentation and 1 manuscript submission/6 month minor.

Didactics & Supervision

Fellows spend 1 day/week participating in didactics, supervision/teaching, and other administrative requirements rounds out the remainder of the training week.

Didactic opportunities include weekly *required* neuropsychology Fellow Seminar series, monthly Diversity/Recovery Seminar, and monthly Journal Club --- as well as *optional* brain cuttings, Neurology, Neuroradiology, and Psychiatry Grand Rounds. A mock ABPP neuropsychology fact finding practice opportunity occurs bi-weekly. Fellows complete a *required* mock neuropsychology board written exam at the end of their first and second years. *Required* mock neuropsychology oral exam with ethics and fact finding components is also completed towards the end of their second year of Fellowship. See Appendices B and C for additional Fellow Didactic and specific Seminar details, respectively.

From a supervision standpoint, each Fellow will be provided with a minimum of 2 hours of face-to-face individual supervision on a weekly basis with their assigned neuropsychology supervisor. Fellows also understand that neuropsychology supervisors do have an open door policy and are open to meeting with Fellows to discuss their clinical cases when needed. Assigned neuropsychology supervisors will switch every 6 months. Each supervisor has their own expectations for what the Fellow needs to be prepared to present on during the supervision encounter. These expectations will be clearly articulated. Relatedly, each supervisor also has their own style of teaching and supervision. Having said that, supervision time is typically structured with a collaboratively developed agenda. Fellows will commonly experience supervision initially as something more directive and prescriptive. Developmentally, with the passage of time and demonstration of increasing competence, Fellows experience and participation in supervision will be transitioned to that of a junior colleague kind of interaction.

Vertical Supervision & Teaching

Fellows gain experience providing vertical supervision to less advanced neuropsychology trainees including Interns and/or Practicum Students with whom their assigned neuropsychology supervisor is working with. Thus, Intern and Practicum trainees, whom the Fellow may provide vertical supervision to, will likely switch every 6 months.

Fellows are expected to participate in and prepare/teach topics as part of the Neurotrack Internship Seminar series. See Appendix D. The seminars will typically be led by neuropsychology postdoctoral Fellows with faculty oversight, attendance, and participation. From a division of labor standpoint, Faculty will also be presenting some of the topics.

PROGRAM REQUIREMENTS for COMPLETION

The Fellow's progress is assessed at the middle and end of each 6-month epoch by each Faculty member with whom the Fellow is/has been working with --- for a total of 4 evaluations of their core competencies during the 2-year training program.

General Requirements:

The Neuropsychology Postdoctoral Fellowship program is a 2-year full-time program. Fellows are expected to report to and train at CAVHS 40 hours/week. The Fellows are required to complete a minimum of 4160 (2,080 hours per year) hours over the course of the 2-year program. Having said that, over the course of 104 weeks, after factoring in possible leave (i.e., 20 Federal holidays + maximum usage of accrued 26 days of Annual leave and 26 days for Sick leave), Neuropsychology Fellows are required to complete 3,584 hours of training *on site* over the course of their 2-year training experience.

Successful completion of all clinical, research, and educational requirements.

Rating Fellow Competencies

Rating Scheme:

- | | |
|------------|---|
| 5 | Well above expected level of competency – routinely demonstrates outstanding, advanced and independent performance of ability in area being evaluated; seeks consultation as needed. |
| 4 | Above expected level of competency – frequently demonstrates advanced and independent performance of ability in area being evaluated; seeks consultation as needed. |
| 3 | At expected level of competency – regularly demonstrates advanced and independent performance of ability in area being evaluated; seeks consultation as needed. |
| 2 | Below expected level of competency – infrequently demonstrates advanced and independent performance of ability in area being evaluated; supervision often needed. |
| 1 | Well below expected level of competency – rarely demonstrates advanced and independent performance of ability in area being evaluated; close supervision and intensive train-up required. |
| <u>N/A</u> | <u>Not applicable or not demonstrated on this learning experience.</u> |

At the beginning of the Fellowship, each Fellow in consultation with their supervisor, conducts a self-assessment via ratings across different core competencies. For each “mid-point” (at the 3-month mark) and end of 6-month time frame and prior to switching to a different neuropsychology supervisor and starting a new elective minor, Fellows and their primary supervisor review each competency area together. Supervisor provides ratings of how frequently and competently the objectives are demonstrated based on the specific behavioral criteria provided.

The standard for demonstrating core neuropsychology competencies is considered relative to that of an *independent, board eligible neuropsychologist who has just completed 2 years of post-doctoral training in clinical neuropsychology*. Thus, it is expected that for much of the first year of training, Fellows will be rated at the level of “1” or “2” in neuropsychology core competencies with some relative strengths potentially rated higher. In contrast, the standard for demonstrating competency for the elective 6-month Elective rotations is considered to be that of a first year postgraduate, doctoral level Fellow – but beyond that expected of an Intern who is still completing a graduate program.

In that end,

- At the time of the initial self-appraisal at the start of the first year of training, Fellows are expected to have the majority of their ratings at a “1” or “2”.
- At the time of the initial supervisor competency ratings (after first 6 months), Fellows will have progressed and the majority of their ratings (greater than 50%) should be at a “2” or above.
- At 12 months, all of the Fellows ratings will be at a “2” or above, with higher ratings in areas of relative strength also expected. And any rating less than 2 will result in the development of a remediation plan.
- At 18 months, the Fellows will have the majority of their ratings (greater than 50%) at a 3 or above. And any rating less than 3 will result in the development of a remediation plan.

Exit Criteria

At the end of their Fellowship, all of the Fellow’s ratings will be at a “3” or above, indicating the Fellow is prepared to begin independent practice as a board eligible neuropsychologist.

Consistent with the Houston Conference Guidelines on specialty training in Neuropsychology, the exit criteria include the following:

- Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis.
- Advanced understanding of brain and behavior relationships.
- Scholarly activity (e.g., publication, presentation, etc.).

Satisfactory completion of the CAVHS Neuropsychology Fellowship training program meets supervised postdoctoral practice requirement for licensure in Arkansas.

FELLOW TRAINING RESOURCES

Fellows use a private staff office for conducting evaluations. Neuropsychological assessment tools, test instruction manuals, norms, are readily available.

Fellows may or may not share an office space for completing other tasks. Shared office space is equipped with desks, telephone with private voicemail, and networked computer which allows access to medical records including progress notes, consult reports, laboratory findings, imaging films and reports, and access to remote records from other VA facilities across the nation. VA email access, internet access, and a virtual library for literature searches are also available on each computer.

Fellows are provided copies of primary and secondary source reading materials.

The NLR campus does house a medical library that Fellows can gain access to. If a book or article cannot be found via the onsite libraries or virtual libraries, an online inter-library loan request can be made.

Fellows enjoy ample free parking.

Administrative support is provided by the CAVHS Mental Health Service.

FUNDING, SALARY, & BENEFITS

Funding for the postdoctoral Fellowship is through the VA Central Office of Academic Affairs. Current stipend for the training years is \$46,334 and \$48,838 for the first and second year, respectively. Fellows are eligible for health insurance for self, spouse, and legal dependents. Fellows receive 10 annual Federal holidays. In addition, Fellows accrue 4 hours of sick leave and 4 hours of annual leave for each full two-week pay period.

PROGRAM ADMINISTRATION

The 2-year Neuropsychology Postdoctoral Fellowship program is housed within the Neuropsychology section of the Mental Health Service of CAVHS. Administrative oversight of the Fellowship program is provided by Dr. Courtney Ghormley, Director of Psychology Training Programs. The Fellowship is led by our Executive Committee, which is designed to facilitate administration and ongoing evaluation of the Neuropsychology Postdoctoral Fellowship. Formal membership on this committee includes the Director of Training, Fellow Recruitment and Selection Chair, Education Chair, Diversity Chair, Member-At-Large, and Program Administrator of Psychology Training Programs. The Committee meets in-person or virtually monthly, and email discussions are utilized on an as-needed basis. The duties of the committee include evaluation of the progress of each Fellow; evaluations of and recommendations for specific training needs; ongoing program evaluation and implementation of needed modifications; and review of applications and selection of Fellows. All neuropsychology and psychology staff members and Fellows are encouraged to provide input and feedback to the Executive Committee, as desired or deemed necessary. If satisfactory resolution of any staff/Fellow problem cannot be achieved through the guidance of the Director of Training, the Committee will then serve as the decision-making body regarding resolution of identified issues.

Executive Committee



Scott Mooney, PhD, ABPP-CN
Director of Training



Jennifer Mathis, PhD, ABPP-CN
Fellow Recruitment and Selection Chair



Veronica Clement, PhD, ABPP-CN
Education Chair



Jessica Domino, PhD
Diversity Chair



Byron Simoneaux, PhD
Member-at-Large



Courtney Ghormley, PhD, ABPP
Program Administrator of Psychology Training Programs

FACULTY



Veronica Clement, PhD, ABPP is a board-certified neuropsychologist on the Neuropsychology Service. She received her doctorate from the University of South Florida in 1993. After completing a specialized neuropsychology internship at the University of Oklahoma, she obtained a two-year postdoctoral fellowship in clinical neuropsychology at Baylor College of Medicine in Houston, Texas. Over the course of her career, she has worked in a myriad of settings including civilian academic medicine and VA. She serves as a mentor for ABPP-CN board preparation and work sample reviewer. Clinical and teaching interests include memory disorders, pre-surgical epilepsy and traumatic brain injury. She also has expertise with a range of neurological and developmental diagnoses such as dementia, MS, brain tumor, cerebral hemorrhage, anoxia, hydrocephalus, learning disabilities and others. She is bilingual in English and French. Dr. Clement is a Fellow of the American Academy of Clinical Neuropsychology and a member of the International Neuropsychological Society and National Academy of Neuropsychology. Email: Veronica.Clement@va.gov



Alissa B. Kolb, PsyD is a rehabilitation psychologist on the acute inpatient medical rehabilitation unit. She also serves as the Director of Training (DoT) for the psychology internship program. She received her doctorate from the University of Indianapolis in 2013. She completed her internship with an emphasis in Geropsychology at the South Texas Veterans Healthcare System and her fellowship with an emphasis in Rehabilitation Psychology at the Louis Stokes Cleveland VA Medical Center. Her preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy approaches. Clinical and teaching interests include adjustment to disability, cognitive assessment, spinal cord injury and disorders (SCI/D), and traumatic brain injury (TBI). Research interests include program development and measurement of treatment outcomes as related to post-SCI/D sexual health interventions and post-TBI socio-communication interventions. Dr. Kolb is a member of Division 22 (Rehabilitation Psychology) of the American Psychological Association. Email: Alissa.Kolb@va.gov



Jennifer Mathis, PhD, ABPP serves as the Fellow Recruitment and Selection Chair for the Neuropsychology Postdoctoral Fellowship. She is a board-certified neuropsychologist in the outpatient neuropsychology clinic. She is currently the Primary Investigator on a COVID-19 and neurocognition study at CAVHS. However, while she enjoys engagement in research, her true passion is furthering the field of neuropsychology by providing supervision to various levels of neuropsychology trainees. Her preferred theoretical orientations include flexible battery and integrative (ACT, process-oriented, interpersonal) approaches to assessment and intervention. Clinical and teaching interests include neuropsychology; ACT-informed neuropsychological feedback; acute rehabilitation; neuropsychology consultation; neurocognitive rehabilitation; performance validity assessment; ACT for chronic pain; and statistics and data analysis. Research areas include performance validity measures; biological and cognitive aspects of stress response; and inflammation and memory. Dr. Mathis is a member of the American Academy of Clinical Neuropsychology; Association of VA Psychologist Leaders; International Neuropsychology Society; National Academy of Neuropsychology; Association of Contextual Behavioral Science; and Divisions 19 (Military Psychology) and 40 (Neuropsychology) of the American Psychological Association. Email: Jennifer.Mathis3@va.gov



Scott Mooney, PhD, ABPP serves as the *Program Manager for Neuropsychology Service* and *Director of Training for Neuropsychology Postdoctoral Fellowship*. Dr. Mooney is a Fellowship and Residency trained, board certified Neuropsychologist with 14+ years of post-doctoral outpatient and inpatient experience working with heterogeneous civilian, Department of Defense, and Veteran neurological and psychiatric populations. Over the course of his training and career, he has served as an instructor for predoctoral and postdoctoral psychology trainees, mentored ABPP candidates, served as a research mentor for medical residents and other postdoctoral trainees, has co-

authored scientific papers, served as co-investigator and/or site Primary Investigator/Associate Investigator on >\$25 million dollars' worth of grant funded studies, and is a frequent presenter at professional scientific conferences in Neuropsychology. Dr. Mooney is a member of the American Academy of Clinical Neuropsychology, International Neuropsychological Society, and American Psychological Association. Email: Scott.Mooney@va.gov



Prasad R. Padala, MD, MS is the *GRECC Associate Director for Clinical Programs, Memory Disorders Consultation Clinic Director, and Transcranial Magnetic Stimulation Service Program Director*. Dr. Padala is a Geriatric Psychiatrist whose clinical and research interests are in the treatment of behavioral problems associated with dementia - particularly apathy. He also is interested in studying the impact of apathy on outcomes of diabetes and the role of motivation in adherence to activity promotion. Dr. Padala is currently conducting pharmacological and non-pharmacological clinical trials for treatment of apathy. He

leads the Transcranial Magnetic Stimulation lab at the GRECC, a Center of Excellence in the VA to promote geriatric knowledge through research, education and innovative clinical models. As the Associate Director for Clinical programs for GRECC, Dr. Padala oversees seven innovative Clinical Demonstration Projects (CDPs) which utilize Quality Improvement/ Implementation Research methodology to bridge the gap between evidence based medicine and clinical practice. These CDPs are funded through grants from the Office of Rural Health, Office of Health Equity and T21 grants from the VA. Email: Prasad.Padala@va.gov



A'mie Preston, PsyD is a staff psychologist in the Geri-PACT clinic and research investigator in the GRECC. Dr. Preston received her doctorate from Adler University in 2018. She completed her pre-doctoral Internship at the James H. Quillen VA Medical Center and her postdoctoral Palliative Care Fellowship at South Texas Veterans Health Care System. Her preferred theoretical orientation is Existential. Clinical and teaching interests include palliative and hospice care, dementia care, and family therapy in the context of end-of-life issues. Research areas include: social interests and activities with geriatric Veterans and use of virtual reality for behavioral symptoms

associated with cognitive impairment. Dr. Preston is a member of Division 19 (Military Psychology), Division 20 (Adult Development & Aging), and Division 35 (Psychology of Women) of the American Psychological Association and the Arkansas Association of Black Psychology Professionals. Email: Amie.Preston@va.gov

Little Rock accommodates a variety of tastes. Neighborhoods range from luxurious, well-appointed loft apartments in midtown and downtown Little Rock, to the suburban and family-oriented dwellings of Chenal Valley, Hillcrest, and The Heights. It has a lower cost of living than the national average. The median sale price of a home also is lower than the national median. Relatedly, Little Rock Fellows generally pay less for things like food, utilities, and health care than the average American.

You may also be interested to know that Little Rock experiences all four seasons. For those looking to escape the harsh weather conditions of other areas farther north, you'll be happy to know that Winters in Little Rock are historically mild; on the other hand, Summers can be intense and are typically characterized by humid heat. You may find, however, that enduring our Summers is worth it when you are rewarded with gorgeous Arkansas Fall and Spring seasons year after year.





Central Arkansas is rich in history and culture...

Little Rock Arkansas is the home of the Clinton Presidential Library. Little Rock also is known for events that followed the famous Supreme Court's Brown v. Board of Education decision in the late 1950s, when the Arkansas National Guard tried to prevent nine black teenagers from entering Little Rock High School. The region has come a long way since the "Little Rock Nine" incident and is now home to a diverse population. Today, Arkansas' capital has earned a reputation among history buffs, foodies, and art lovers as an exciting place to live. Fellows can spend their weekend exploring the historic Arkansas State Capitol, wandering through the Arkansas Art Center, or enjoying libations at one of the area's many microbreweries.

...includes some of the very best of the Great Outdoors!

The region is an easy drive from Pinnacle Mountain State Park, Ouachita National Forest, the stunning Ozark Mountains --- and Hot Springs National Park is only an hour away. Fellows can also take advantage of golf courses and trails found within the city limits.

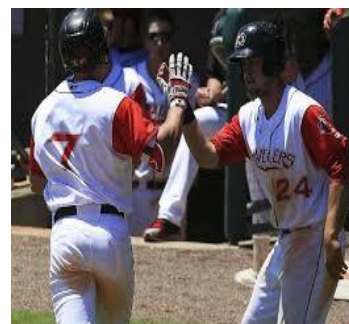




...home to a vibrant growing Metropolitan area!

The downtown and midtown Little Rock areas feature a variety of local restaurants and microbreweries. The metro area also enjoys a great live music scene, which ranges from piano bars to the Arkansas Symphony Orchestra. The local Arkansas Arts Center hosts theater performances, and the region also contains a handful of art galleries. There are also local stores and boutiques for shopping. More family-oriented entertainment can be found at neighborhood pools, the year-round ice rink, and the Little Rock Zoo.

And don't forget about all the opportunities to follow local Arkansas sports, whether it's watching the Arkansas Razorbacks play at War Memorial Stadium in Little Rock or Razorback Stadium in Fayetteville or the Arkansas Travelers at Dickey-Stephens Park!



APPLICATION PROCEDURES

Eligibility Requirements:

- Applicants must possess a PhD or PsyD in Clinical or Counseling Psychology with education and experience in neuropsychology from an APA accredited doctoral scientist-practitioner/practitioner-scholar programs. Dissertation (or equivalent) must be defended prior to the start of the Fellowship.
- Successfully completed an APA accredited Internship where $\geq 50\%$ of the clinical training included neuropsychology relevant experience(s).
- United States citizenship.
- Be able to pass a background check as is required to work within VA setting(s).
- Selective Service registration for males born after 12/31/1959. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the United States Office of Personnel Management; exceptions are very rarely granted.
- Understand that this is a drug tested position located at a tobacco free campus.
- The Fellowship welcomes, encourages, and will consider applications from all qualified candidates regardless of gender, racial, ethnic, age, sexual orientation, disability or other minority status.
- Additional VA Health Professions Trainee Requirements:
Am I Eligible? Checklist for VA HPTs

Application Requirements:

- A 1-2 page cover letter regarding current/past training, career goals, expected date of internship completion.
- Curriculum Vitae.
- Copy of doctoral program transcripts. Note that originals will be required by Human Resources as part of onboarding and credentialing.
- Letter from Internship Training Director verifying standing in program and expected date of completion.
- Three letters of professional recommendation from current or former clinical supervisors – preferably from clinical neuropsychologists (all of whom should email their letter directly).
- Two written neuropsychology reports examples with redacted protected health information.
- Optional: Research writing sample such as a co-authored publication.

Application Submission

Interested applicants should email the application materials to Jennifer.Mathis3@va.gov.

SELECTION PROCEDURES

We are a member of the *Association of Postdoctoral Programs in Clinical Neuropsychology* and do participate in the matching program for clinical neuropsychology postdoctoral residencies, administered by National Matching Services (NMS). (www.natmatch.com). Match program number: 9101. We adhere to all policies regarding the matching program.

Applicants are encouraged to attend the annual North America Meeting of the International Neuropsychology Society (INS) in February where many applicants are interviewed. For more information about this meeting, including locations and specific dates see the INS website (www.the-INS.org). Applicants unable to attend the INS meeting can arrange for an on-site interview, phone interview or teleconferencing interview prior to the deadline for submission of the rank order lists for this program. Policies and procedures of this training program will be made available to Fellowship applicants and is provided to each Fellow during orientation at the beginning of the training year.

Prior to beginning the Fellowship year, it will be necessary for applicants selected for the program to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees). During the training program, Fellows are responsible for adhering to the policies and procedures of the postdoctoral Neuropsychology Training Program, GRECC, and Neuropsychology section(s). Also, many of the laws, rules, and guidelines that apply to Federal employees are also applicable to trainees in Federal training positions. For example, Fellows are subject to random drug screening. A copy of the policies and procedures of this training program will be made available to Fellowship applicants and is provided to each Fellow during orientation at the beginning of the training year.

RECRUITMENT

The Psychology Postdoctoral Neuropsychology Fellowship training program at CAVHS is committed to providing a supportive learning environment in which we actively seek and value diversity among our trainees and staff. We consider diversity as including various cultures, values, and experiences of trainees and faculty, as well as different theoretical models, research paradigms, and ways of professional practice. Our training program strives to maintain a collegial and supportive environment where trainees and staff enjoy working together and are valued for their individual contributions to the group. Biopsychosocial and recovery-oriented approaches that incorporate elements of diversity and multiculturalism are especially valued in our training programs. We highly encourage applicants from diverse backgrounds to apply. This program meets criteria of Equal Employment Opportunity (EEO). CAVHS and its training programs are committed to providing access for all people with disabilities and will provide reasonable accommodations. We ask only that any who may require accommodations to provide us a reasonable amount of advance notice.

NON-DISCRIMINATION POLICY

The VA is committed to ensuring Equal Employment Opportunity (EEO), promoting workforce diversity, workplace inclusion, and constructively resolving conflict to sustain a high-performing organization in service to our Nation's Veterans. VA will vigorously enforce all applicable Federal EEO laws, executive orders, and management directives in order to ensure equal opportunity in the workplace for all VA employees. This document summarizes VA's EEO, Diversity and Inclusion, Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR), and Whistleblower Rights and Protection policies.

CAVHS does not tolerate unlawful discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age (40 or older), disability, genetic information, marital status, parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

DUE PROCESS & GRIEVANCE PROCEDURES

Due Process and Grievance procedures are articulated in the CAVHS Neuropsychology Fellowship Handbook.

Appendix A:

ELECTIVE ROTATION DESCRIPTIONS

At the start of their first year, Fellows define goals and interests with the Director of Training for the Neuropsychology Fellowship, which in turn directs their individualized focused training experiences in the way of selection of electives to augment their learning experience(s). Electives are 6-months in duration and can be repeated. The Minor rotational offerings include: Acute Rehab, Adult ADHD Clinic, Evidence Based Psychotherapy, Memory Disorders Clinic, Neurology, Neuropsychological Rehabilitation, Outpatient GeriPACT, and/or Research. Below is a narrative description of each.

Adult ADHD Clinic

The Adult ADHD Clinic is a consultation service that specializes in providing tailored assessment and compensatory interventions for ADHD and/or attentional difficulties. While there is variability in the populations served on this rotation, Veterans receiving these services tend to be younger and have complex medical and/or psychiatric histories. A large number of active duty service members are also referred from local military installations.

Fellows who choose this rotation will be working closely with psychiatry and other referral sources, acting as ambassadors for the Neuropsychology Clinic. Fellows will provide tailored ADHD evaluations, with an emphasis on medical and mental health comorbidities (e.g., sleep apnea, psychiatric disorders, etc.) and their potential contribution to neurocognitive functioning. While all Veterans who undergo an ADHD evaluation will receive information concerning compensatory strategies for inattention, disorganization, and metacognition, Fellows who opt for more experience working with Veterans and compensatory strategies can be involved in group or individual neuropsychological rehabilitation work.

Fellows may also have the opportunity to provide vertical supervision to other trainees on this rotation.

Supervisor: Jennifer Mathis, PhD, ABPP

Acute Rehab

The Physical Medicine and Rehabilitation Service (PM&RS) operates a 15-bed, inpatient, CARF-accredited, acute medical rehabilitation program. The unit serves a large veteran population, and individualized programs are available to provide targeted interventions for individuals with a variety of complex medical and rehabilitation needs. Veterans served on this unit are typically recovering from or improving their level of function as a result of various acute or chronic traumatic, progressive, or congenital injuries and illnesses that

may result in a wide variety of physical, sensory, neurocognitive, behavioral, and/or emotional disturbances. Veterans typically served on this unit include individuals who have experienced cerebrovascular accidents, traumatic or other acquired brain injuries, spinal cord injuries or disorders, limb amputations, neuromuscular disorders, brain tumors, cardiac arrest, cancer, orthopedic problems, burns and/or disfigurement, chronic pain, deconditioning, and other medical conditions that limit functioning or participation in valued life activities.

Treatment programs are designed and implemented by an interdisciplinary team of professionals with the goals of broadening patient opportunities as well as facilitating maximal individual functioning and participation in social relationships and activities, recreation, education, employment, and the community in general. This team includes the veteran and his/her family, attending physiatrist, advanced practice registered nurses, rehabilitation nurses, physical therapists, occupational therapists, kinesiotherapists, speech-language pathologist, social worker, rehabilitation psychologist, dietician, recreational therapist, pharmacist, and other consultants. The interdisciplinary team meets bi-weekly to discuss each Veteran's progress and prognosis for recovery, rehabilitation goals, participation in his or her therapies, and plans for discharge.

Fellows who choose this rotation will provide brief, focused, and time-limited assessment and intervention services to assist Veterans living with disability, activity limitations, and/or societal participation restrictions as well as their significant others in coping with and adapting to the effects of the injury or illness, with the primary goals of increasing overall function and quality of life. Fellows function as an embedded team member, providing consultation, assessment, and intervention services to assist veterans and the team with managing various emotional, cognitive, and behavioral barriers to participation and recovery, including but not limited to poor adjustment to disability, depression, anxiety, cognitive impairment, questions of capacity, substance use, treatment adherence issues, acute and chronic pain, family conflict, and psychosocial issues.

Fellows will also have the opportunity to provide vertical supervision of psychology interns who select the acute rehab rotation.

Supervisor: Alissa Kolb, PsyD, Rehabilitation Psychologist

Evidence Based Psychotherapy

The *Evidence Based Psychotherapy* rotation in the MHS Mental Health Clinic (MHC) consists of individual therapy, group psychotherapy, and psychological/personality evaluations of Veteran psychiatric outpatients. The MHC is comprised of an interdisciplinary team of more than 40 providers (i.e., psychiatrists, psychologists, social workers, pharmacists, and nursing staff) in addition to support personnel staff. An essential part of the rotation will be collaboration with other treatment providers, including providing feedback on psychological assessments to various disciplines of referring providers.

The MHC serves a diverse patient population, not only in terms of ethnicity, but also in terms of socioeconomic status, gender, age, sexual orientation, and educational and occupational backgrounds. Our psychiatric patients are also diverse in terms of diagnoses, ranging from relatively mild problems (e.g., adjustment disorder) to more severe psychopathology such as schizophrenia, personality disorders, and dual diagnoses.

Fellows will have the opportunity to gain experience in a myriad of evidence-based psychotherapies during their time on the rotation. Therapeutic approaches include, but are not limited to, Cognitive Behavioral Therapy, Cognitive Behavioral Treatment for Insomnia, Dialectical Behavior Therapy, and Interpersonal Psychotherapy. Weekly supervision provides ongoing feedback on performance. Fellows are evaluated on competencies in therapy and assessment through direct observation, supervision, audio recording, review of progress notes, and review of assessment reports. The rotation is designed to be flexible in meeting the training needs and interests of Fellows.

Supervisor: Mental Health Clinic psychologist. To be assigned.

Memory Disorders Consultation Clinic

The Memory Disorder's Consultation Clinic (MDCC) is part of the GRECC and consists of an interdisciplinary team of physicians, psychiatrists, social workers, and neuropsychologists/neuropsychology trainees that work collaboratively to evaluate and possibly treat older adults with neurocognitive and psychiatric difficulties. Within this context, MDCC aims to provide elderly Veterans and their families or caregivers with a comprehensive assessment of patients' physical health, cognitive functioning, and functional abilities in order to assist with differential diagnosis and treatment planning.

Patients seen at the MDCC participate in a 1-2 hour appointment (both virtually and face to face) consisting of meetings with social work (functional assessment, community/VA resource identification, and treatment referrals), neuropsychology (time limited cognitive testing), and psychiatry (diagnostic interview and medication review). Once the evaluation is completed, patients and their caregivers (if applicable) receive feedback from psychiatry and neuropsychology regarding the results of cognitive testing, consensus diagnosis(es) provided, and pertinent treatment recommendations.

Fellows interested in the MDCC Rotation would spend 1.5 days/week on the rotations for 6 months. Note that patient care in the MDCC occurs on Wednesdays; the remaining rotation time can be negotiated between the Fellow and her/his rotation supervisors. Fellows can expect to:

- Assist with weekly patient record review to determine patient's suitability for testing (to be completed Tuesday mornings);
- Administer, score, and interpret brief/time limited cognitive assessments;
- Provide succinct summaries of testing results and initial diagnostic impressions, and

- Assist psychiatry with providing feedback and treatment recommendations to patients at the conclusion of their appointments; and
- Write up brief (~2-3 page) neuropsychology reports discussing the results of testing, differential diagnosis, and treatment recommendations.

Supervisors: Veronica Clement, PhD, ABPP or Scott Mooney, PhD, ABPP with Prasad Padala, MD, MS, FACHE

Neurology

The Neurology Service serves a large veteran population with heterogeneous neurological disorders involving the brain, spinal cord, peripheral nervous system, and muscles from an evaluation and interventionalist perspectives. Fellows can expect to round on inpatient medical floors on Little Rock side campus with neurology team, participate in neurology didactics with an emphasis on epilepsy and multiple sclerosis but also with exposure to movement disorders, teach other trainees, conduct time limited neurocognitive screenings, and assist in differential diagnosis and treatment/disposition planning.

Supervisors: Veronica Clement, PhD, ABPP or Scott Mooney, PhD, ABPP

Neuropsychological Rehabilitation

Neuropsychological rehabilitation begins with the Veteran's experience, which includes noting that symptoms are a mixture of premorbid ability and personality, together with changes resulting from brain dysfunction. Thus, the focus of neuropsychological rehabilitation is on both the difficulties (e.g., memory, decision making, etc.), as well as interpersonal situations/interactions, at the same time, identifying the direct and indirect effects of the difficulties to establish meaningful and functionally relevant goals.

The *Neuropsychological Rehabilitation* rotation consists of group and individual work with Veterans who have been referred via neuropsychology, neurology, and other teams throughout the hospital. Through participation in group development and individual treatment planning, Fellows will gain an in-depth understanding of the two-way, interactive process of neuropsychological rehabilitation. Theoretical underpinnings to neuropsychological rehabilitation will also be provided via required readings and weekly supervision.

Fellows will be expected to co-facilitate a weekly neuropsychological rehabilitation group, with the expectation of increasing autonomy throughout the rotation. While group work will make up the bulk of the rotation, development and facilitation of individual neuropsychological rehabilitation sessions will also be an essential experience. Fellows will be encouraged to participate in vertical supervision of interns on the rotation as well. Specific goals will be developed at the onset of the rotation. Fellows can expect to:

- Develop skills to conduct neuropsychological rehabilitation independently;
- Continue developing an understanding of brain-behavior relationships and functional neuro-anatomy;
- Expand knowledge of empirical research related to neuropsychological rehabilitation;
- Refine psychotherapy skills in a neuropsychological framework; and
- Enhance supervision skills of neuropsychology interns/students.

Supervisor: Jennifer Mathis, PhD, ABPP

Outpatient Geriatric Psychology - Geriatric Patient Aligned Care Team (Geri-PACT)

The *Geri-PACT* rotation provides an outpatient training experience where Fellows further develop/refine their specialized skill sets in psychological assessment, intervention, caregiver support, and interdisciplinary consultation with older adult populations in medical settings. On this rotation, the Fellow will work as a member of an interdisciplinary treatment team comprised of geriatricians, pharmacists, nurses, dietitians, geropsychologists, social workers, occupational therapists, physical therapists, and medical support assistants. Developmental goals are established early in the rotation and are specifically suited to the abilities and experiences of each Fellow. At a minimum, Fellows can expect to:

- Experience a deeper understanding of the aging process and the associated psychological needs of the elderly from both theoretical perspectives and clinical experiences;
- Further increase her/his competence in interviewing and psychological assessment relevant to geriatric patients who are often medically and psychiatrically complex;
- Further increase competence in providing valuable feedback and psychoeducation to veterans, caregivers, and/or family members;
- Gain a deeper understanding of environmental factors contributing to current presentation and potential barriers to care;
- Gain valuable experience working within an interdisciplinary treatment team model of veteran-centered care;
- Further develop her/his evidenced-based psychotherapy skills effective with geriatric and medical populations (e.g., Interpersonal Therapy, Motivational Interviewing, Cognitive Behavioral Therapy); and
- Further develop her/his crisis intervention, consultation, and behavioral management techniques.

Supervisor: A'mie Preston, PsyD, Psychologist

Research

The Research rotation affords the MHS Fellow an opportunity to engage in scholarly activity in a more intensive manner with commensurate increased expectations for productivity. In that end, the MHS Fellow would spend 1.5 days of protected time/week involved in research related activity(ies) for the duration of her/his 6- month rotation. At the start of the rotation, the Fellow would identify a

Faculty mentor (i.e., Drs. Clement, Kolb, Mathis, Mooney, Padala, and/or Preston) who will assist the Fellow in developing a plan of action with clear expectations for exit criteria denoting a successful completion of the rotation (i.e., minimally submit research for 1 conference and submit 1 manuscript for possible publication). The research mentor also will assist the Fellow in all aspects of the research endeavor, to include formulating a research question(s), IRB paperwork, data query and analysis, write up, and revision(s).

Mentor: To be determined.

Appendix B:

Fellow Didactic Offerings

Fellow Didactic Offerings

Required	Time(s)	Location
Neuropsychology Fellow Seminar Series	Weekly, FRI at 0900 & 1030	BLDG 170, RM 3N 114
Oral Mock Board Fact Finding Exercise	2x/Month, FRI at 1330	BLDG 170, RM 3N 114
Multidisciplinary Journal Club	1x/Month, THR at 1130	BLDG 170
Recovery and Diversity Journal Club	When offered, TUE afternoon	BLDG 170, RM 1N-101
Diversity Outings	When offered.	TBD ¹
Professional Development Seminar	When offered, TUE afternoon	BLDG 170, RM 1N-101
Psychology Community Meeting	When offered, TUE afternoon	BLDG 170, RM 1N-101
<i>(Optional)</i>		
Morgue Brain Cuttings	When offered, WED at 0915	UAMS ²
Neuroradiology Grand Rounds	When offered, WED at 1200	UAMS
Psychiatry Grand Rounds	When offered, THR at 1500	UAMS
Neurology Grand Rounds	When offered, FRI at 1200	UAMS

Notes:

¹To be determined (TBD).

²University of Arkansas for Medical Sciences (UAMS).

Appendix C:

Fellow Seminar Series Syllabus

Primary Source Materials:

- Stucky, K.J., Kirkwood, M.W., & Donders, J. (2020). *Neuropsychology Study Guide & Board Review 2nd Ed.* Oxford University Press, NY: New York.
- Morgan, J.E., & Ricker, J.H. (2018). *Textbook of Clinical Neuropsychology. 2nd Ed.* Routledge, NY: New York.
- Blumenfeld, H. (2021). *Neuroanatomy Through Clinical Cases. 3rd Ed.* Oxford University Press, NY: New York.
- Gould, D.J. (2019). *Neuroanatomy. 6th Ed.* Wolters Klower, NY: New York.
- McPherson, S., & Koltai, D. (2018). *A Practical Guide to Geriatric Neuropsychology.* Oxford University Press, NY: New York.
- Ravdin, L.D., & Katzen, H.L. (2019). *Handbook on the Neuropsychology of Aging and Dementia. 2nd Ed.* Springer, NY: New York.

Supplemental Materials:

- *Tarascon Pocket Pharmacopoeia.* Deluxe Lab-Coat Edition. Jones & Barlett, MA: Burlington.
- Smith, G.E., & Bondi, M.W. (2013). *Mild cognitive impairment and dementia: Definitions, diagnosis, and treatment.* Oxford University Press, NY: New York.
- Bush, S.S., & Martin, T.A. (2005). *Geriatric Neuropsychology: Practice essentials.* Taylor & Francis, NY: New York.
- Other articles and chapters will likely be assigned - and provided.

Year 1

Week Topic¹

	<i>Orientation</i>
1	Orientation I – Rotations and Faculty meet and greet
2	Orientation II
	<i>Foundational Biomedical Acumen</i>
3	Neuroanatomy I – Overview
4	Neuroanatomy I – Cont.
5	Neuroradiology
6	Deconstructing the Medical Chart
7	Biomedical I – Serum Lab Abnormalities for Neuropsychologists
8	Biomedical II – When Psych masks Medical
9	Neuropsychology of Psychiatric Conditions
10	Neuropsychology of Substance Use Disorders
11	Neuropsychology of Neurotoxicology
12	Biomedical III - Pharmacotherapeutics & Pharmacokinetics

Topics Relevant to The Scientific Practice of Neuropsychology

- 13 Refresher: Statistics, Reliability, and Validity
- 14 Norms
- 15 Performance and Symptom Validity
- 16 Scientific Approach to Neuropsychological Practice, including Psychometrics I

Disorders in Adults

- 17 Neuroanatomy & Radiology II - Cerebral Hemispheres, vascular System
- 18 Neuroanatomy & Radiology III – Visual System
- 19 Neuroanatomy & Radiology IV – Higher Order Cerebral Functions
- 20 Stroke, Hypoxic and Ischemic brain injury
- 21 Aphasia(s)
- 22 Military and Civilian TBI
- 23 Epilepsy and Seizure Disorders
- 24 Neuroanatomy & Radiology V – Somatosensory Pathways
- 25 Neuroanatomy & Radiology VI – Corticospinal tracts and other motor pathways
- 26 Spinal Cord Injury
- 27 Cerebral Palsy
- 28 Multiple Sclerosis
- 29 Neuroanatomy & Radiology VII – Cranium, Ventricles, and Meninges
- 30 Brain Neoplasm
- 31 Congenital and Acquired Hydrocephalus
- 32 Neuroanatomy & Radiology VIII – Cerebellum
- 33 Neuroanatomy & Radiology IX – Basal Ganglia
- 34 Huntington's Disease
- 35 Parkinson's Disease
- 36 Other Movement Disorders

Disorders in Older Adults

- 37 Neuroanatomy & Radiology X – Limbic System
- 38 Delirium
- 39 Normal Aging and MCI
- 40 Alzheimer's Disease
- 41 Vascular Dementia
- 42 Lewy Bodies Dementia
- 43 Frontotemporal Dementia I – bvFTD
- 44 Frontotemporal Dementia II – Language & Motor subtypes
- 45 Atypical Dementias

End of First Year Wrap-up

- 46 Mock Boards: Written Exam
- 47 Mock Boards: Written Exam and Year 1 Seminar Feedback

Year 2

Week	Topic ¹
1	Psychometrics II
	<i>Special Topics</i>
2	Professional Development I: Considerations for Employment Settings
3	Professional Development II: Let's Talk Business, wRVUs, Billing Codes, and Practice Management
4	Teleneuropsychology
5	Computer Based Testing
6	APA Standards, Ethics Codes, Neuropsychology Practice, and You
7	Medical and Financial Decision Making Capacity
8	Revisiting Neglect: Clinical, Anatomical, & Neuropsychological Considerations
9	Revisiting Agnosia's: Visual object, Prosopagnosia, Color processing, Auditory, Tactile, and Others
10	Bedside Consultation with Non-Standardized Assessment Techniques
11	Neuropsychology of Everyday Functioning, Driving, and Medical Compliance
12	Geropsychology Interventions: A Primer
13	Geropsychiatry For Non-Prescribers
14	Cross-Cultural Neuropsychology
15	Neurocognitive Rehabilitation
16	Neuropsychology of Viral, Bacterial, & Proteinaceous Agents
17	All About The Thalamus
18	Neuroanatomy & Radiology XI – Brain Stem & Cranial Nerves
19	Consciousness Disorders
20	Sleep Disorders and Neurocognitive Correlates
21	A Deeper Dive Into Alcoholism
22	Tactical Herbicides / Agent Orange
23	Somatoform, Factitious, and Malingering Disorders
24	Mock Boards: Oral Exam I, Ethics Vignette & Fact Finding
25	Mock Boards Oral Exam Feedback
	<i>Pediatric:</i>
26	Genomics, Phenomics & Disorders
27	Intellectual Disability
28	Learning Disability
29	ADD/ADHD
30	Autism Spectrum Disorders
31	Cancer
32	TBI
33	Gilles de la Tourette Syndrome

+ 15 week Neuroanatomy Course thru National Academy of Neuropsychology

Note: ¹Subject to modification at Faculty's discretion with Education Chairs approval

Appendix D:

Internship Seminar Series

<u>Week</u>	<u>Topics¹</u>
1	Intro/Orientation to Seminar
2	Overview of Neuroanatomy
3	Neuroradiology
4	Cerebrovascular System
5	Biomedical Contributions
6	Psychometrics & Norms
7	Performance & Symptom Validity
8	Psychiatric & SUD Contributions
9	Sleep
10	<i>Intern Fellowship Application Preparation, Assistance, & Mentorship</i>
11	Visual System
12	Auditory System
13	Military & Civilian TBI
14	Multiple Sclerosis
15	Epilepsy
16	Brain Cancer
17	<i>Thanksgiving Federal Holiday - No Seminar</i>
18	Normal Aging & MCI
19	Alzheimer's Disease
20	Vascular Dementia
21	<i>Winter Break - No Seminar</i>
22	<i>Winter Break - No Seminar</i>
23	Synucleinopathies
24	Frontotemporal Dementias
25	Movement Disorders
26	<i>Intern Fellowship Interview Preparation and Coaching</i>
27	<i>Annual INS Meeting - No Seminar</i>
28	ADD/ADHD & Learning Disabilities
29	Viral, Bacterial, & Proteinaceous Agents
30	Neurotoxicology
31	The Zebras
32	Feedback/Wrap Up

Note: ¹Subject to modification at Faculty's discretion

Appendix E:

Postdoctoral Fellowship Admissions, Support, and Initial Placement Data Program Tables Updated: 06CT2022

Postdoctoral Program Admissions

Important information:
<p>The aim of the CAVHS Postdoctoral Fellowship in Clinical Neuropsychology is to provide training which prepares one for employment as a neuropsychologist in a VA or academic medical setting in addition to being eligible for board certification in Clinical Neuropsychology through the American Board of Professional Psychology.</p> <p>Application materials include: 1) A 1-2 page cover letter regarding current/past training, career goals, expected date of internship completion; 2) Curriculum Vitae; 3) Copy of doctoral program transcripts. Note that originals will be required by HR as part of onboarding and credentialing; 4) Letter from Internship Training Director verifying standing in program and expected date of completion; 5) Three letters of professional recommendation from current or former clinical supervisors – preferably from clinical neuropsychologists (all of whom should email their letter directly); 6) Two written neuropsychology reports examples with redacted protected health information; and 7) <i>Optionally</i>: Research writing sample such as a co-authored publication</p>
Minimum criteria:
<p>Applicants must possess a PhD or PsyD in Clinical or Counseling Psychology with education and experience in neuropsychology from an APA accredited doctoral scientist-practitioner or practitioner-scholar program.</p> <p>Successfully completed an APA accredited Internship where $\geq 50\%$ of the clinical training included neuropsychology relevant experience(s).</p> <p>USA citizenship.</p> <p>Be able to pass a background check as is required to work within VA setting(s).</p> <p>Selective Service registration for males.</p> <p>This is a drug tested position located at a tobacco free campus.</p> <p>The Fellowship welcomes, encourages, and will consider applications from all qualified candidates regardless of gender, racial, ethnic, age, sexual orientation, disability or other minority status.</p>

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Fellows	1 st Year: \$46,343 2 nd Year: \$48,838
Annual Stipend/Salary for Half-time Fellows	N/A
Program provides access to medical insurance for Fellow?	Yes
If access to medical insurance is provided Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	13 days
Hours of Annual Paid Sick Leave	13 days
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/Fellows in excess of personal time off and sick leave?	Yes
Other Benefits (please describe)	10 Federal Holidays, annually

Initial Post-Fellowship Positions

	FY 2020-Present	
Total # of Fellows who were in the first cohort	2	
Total # of Fellows who remain in training in the Fellowship program	3	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	3	1
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		1
Changed to another field		
Other		
Unknown		

Note. "PD" = Post-doctoral Fellowship position; "EP" = Employed Position.

